

**City Council**  
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**CITY OF LONG BEACH**



**City Manager**  
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**Assistant Superintendent of  
 Parks and Recreation**  
 Paul Ferrante

**DEPARTMENT OF PARKS AND RECREATION**  
**In cooperation with the Long Beach VFW Post 1384**

**Jingle Bell**  
**5K Family Fun Run**  
**For TOYS FOR TOTS**

**Sunday, December 13, 2015 at 5pm**

*Holiday Costumes and are encouraged!*

**REGISTRATION:**

Fee is \$10.00 plus a new unwrapped toy or \$25.00  
 Day of race registration begins at 4:00pm at the  
 Long Beach Ice Arena, 150 West Bay Drive, Long Beach, NY  
 Race will begin at 5:00pm on the boardwalk (shuttle bus provided)  
 First 100 registrants will receive a Santa Hat or Bells!

**MAIL/IN PERSON  
 ENTRIES TO:**

Jingle Bell 5K  
 Long Beach Recreation Department  
 700 Magnolia Boulevard  
 Long Beach, NY 11561 (Payable to City of Long Beach)

**AWARDS:**

Presented to: Overall male and female finishers 18 & over; 13-17 and 12 and under at an awards ceremony at the Ice Arena. Refreshments will be served.

**COURSE:**

Get your holly jolly gear ready to capture your personal record (not chip timed).  
 Start & finish on the boardwalk.

For information or applications visit  
[www.longbeachny.gov/rec](http://www.longbeachny.gov/rec)  
 or call the Rec Center  
 (516) 431-3890



Please bring an unwrapped toy to donate to the annual Marine Corps Toys for Tots drive.

**2015 Jingle Bell 5K FUN RUN (Registration - please print clearly)**

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Long Beach Recreation Department and the City of Long Beach their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this run and my physical condition has been verified by a licensed medical doctor.

PRINT NAME \_\_\_\_\_ M \_\_\_ F \_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TEL. # \_\_\_\_\_

AGE on 12/13 \_\_\_\_\_ D.O.B. \_\_\_\_\_ WHEEL CHAIR \_\_\_\_\_

E-MAIL \_\_\_\_\_ SHIRT SIZE (circle one) YOUTH, S, M, L, XL

SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

(If under 17 years of age)

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_ STAFF \_\_\_\_\_